



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

19 STANIFORD STREET • 2ND FLOOR, BOSTON, MA 02114
PHONE: 617-626-6960 • FAX: 617-626-6965 • www.mass.gov/dols

ASBESTOS PROJECT MONITOR APPLICATION

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ and 453 CMR 6.00)

- ☐ Initial Application
☐ Renewal Application
☐ Duplicate Application/Issue

License # _____
Date _____
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

Section I: APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (_____) _____

City/Town _____ State _____ Zip _____

Email Address _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Section II: EDUCATION BEYOND HIGH SCHOOL (Attach additional sheets, if necessary)

Name and address of institution attended: _____

Degree received _____ Date of Degree _____

If degree not received: Dates attended _____ No. of credits _____

Field(s) of concentration: _____

Section III: EMPLOYMENT EXPERIENCE

Document a minimum of six months employment experience in the asbestos abatement field, or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 453 CMR 6.07(2)(d)1. Attach separate sheet(s) or a detailed resume outlining projects, dates, responsibilities, and name and certification number of immediate supervisor, if necessary.

Name and address of employer _____ Tel # (_____) _____

Current Position/Title _____

Duties and Responsibilities: _____

Dates employed: From _____ to _____

Supervisor's name and position/title _____

If claiming two months field experience under the direct supervision of a certified Asbestos Project Monitor, please include the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).

Section IV: ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION

- a. A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(g), and/or 453 CMR 6.10(5). **Original training certificates will be returned after review of the application.**
- c. Documentation of a minimum two years of college credit or an associate or technical degree or equivalent.
- d. Documentation of a minimum of six months employment experience in the asbestos abatement field, or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 453 CMR 6.07(2)(d)1.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00.** If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

Section V: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do hereby certify, that I have complied with all laws of the Commonwealth relating to taxes,
(PRINT NAME)

reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signed under the penalties of perjury,

SIGNATURE _____

DATE _____

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DLS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE: 9am to 3pm	19 Staniford Street, 2 nd Floor, Boston, MA 02114 617-626-6960
TUESDAY - WALK IN SERVICE: 9am to 3pm	165 Liberty Street, Springfield, MA 01102 413-781-2676
WEDNESDAY - WALK IN SERVICE: 9am to 3pm	4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797
THURSDAY - WALK IN SERVICE: 9am to 3pm	1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St. 508-984-7718
FRIDAY - WALK IN SERVICE: 9am to 3pm	167 Lyman Street, Westborough, MA 01581 508-616-0461